

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL		<i>Complete if Known</i>			
		Application Number			
		Filing Date			
		First Named Inventor		Dale E. Polk, Jr.	
		Group Art Unit			
		Examiner Name			
TOTAL AMOUNT OF PAYMENT		(\$)		395.00	
				Attorney Docket Number 97-5126	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																			
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">SUBTOTAL (1) (\$)</td> <td colspan="2">395</td> <td colspan="2">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4">Reduced by Basic Filing Fee Paid</td> <td colspan="2"></td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	950	217	475	118	1,510	218	755	128	2,060	228	1,030	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,320	241	660	142	1,320	242	660	143	450	243	225	144	670	244	335	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	790	246	395	149	790	249	395	Other fee (specify) _____				Other fee (specify) _____				SUBTOTAL (1) (\$)		395		SUBTOTAL (3) (\$)		Reduced by Basic Filing Fee Paid					
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SUBMITTED BY			Complete (if applicable)	
Typed or Printed Name	William M. Hobby			Reg. Number 24,167
Signature				Date 12-11-97
			Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

12/18/97

JC557 U.S. PRO

Please type a plus sign (+) inside this box →

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 97-5126 Total Pages 17

First Named Inventor or Application Identifier

DALE E. POLK, JR.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

2. Specification [Total Pages 14]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 USC 113) [Total Sheets 3]

4. Oath or Declaration [Total Pages]

a. Newly executed (original or copy)

b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]

i. DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b,
is considered as being part of the disclosure of the
accompanying application and is hereby incorporated by
reference therein.

6. Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Copy

b. Paper Copy (identical to computer copy)

c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))

9. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)

10. English Translation Document (if applicable)

11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations

12. Preliminary Amendment

13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. Small Entity Statement filed in prior application,
Statement(s) Status still proper and desired

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Other:

.....

.....

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: /

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label or Correspondence address below
(Insert Customer No. or Attach bar code label here)

NAME	William M. Hobby, III Hobby & Beusse				
ADDRESS	157 E. New England Avenue Suite 375				
CITY	Winter Park	STATE	FL	ZIP CODE	32789
COUNTRY	U.S.	TELEPHONE	(407) 644-8888		FAX (407) 645-3200

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